

# Relocation Subsidy Claim Form

Personal details	
Name:	
Employee ID:	
Relocation from:	
Relocation to:	
Entry on duty date:	

Bank account details			
Account name:			
Financial institution:			
BSB number:		Account number:	

Claim	Amount claimed	Amount paid (office use only)
1. <u>Use of Vehicle</u> (Must be 151km or more)  _____ km @ 0.12c per km	\$	\$
2. <u>Relocation of Effects</u> (Must be 201km or more)  _____ km @ \$1.00 per km	\$	\$
Total	\$	\$

In consideration of the NSW Department of Education paying me a relocation subsidy:

- I agree to serve for at least 12 months (for permanent teachers) or;
- the engagement period (for temporary teachers) and;
- should circumstances arise to prevent me completing the required service, I agree to refund to the Department any monies which may have been paid as relocation subsidy.

Signature:	Date:
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**To be returned to your local Educational Office for processing.**

**To be enclosed – Copy of appointment notice (permanent teachers) or engagement notice (temporary teachers)**